

## TECHNIQUES FOR EARLY RECOVERY OF CONTINENCE IN PATIENTS WITH ROBOTIC-ASSISTED RADICAL PROSTATECTOMY

### Hypothesis / aims of study

With the introduction of the da-Vinci system, many techniques have been reported to improve the quality of life for patients undergoing robot-assisted radical prostatectomy (RARP). We would like to report our results from using the posterior reconstruction and ultra-dissection technique.

### Study design, materials and methods

From December 2007 to December 2009, we analyzed the postoperative data of 100 patients that had undergone RARP. There were 32 patients in the A group where the posterior reconstruction and the ultra-dissection technique were not performed. In group B of 32 patients, only the posterior reconstruction technique was performed. In Group C of 36 people where both techniques were utilized. We analyzed the recovery of continence in these 3 groups. We defined 'recovery of continence' as the usage of 1 pad or less within 24 hours.

### Results

Mean age was similar among 3 groups (65.9 years in group A, 65.3 years in group B and 64.7 years in group C (p=0.69). Preoperative mean PSA was 9.5 ng/ml, 10.4 ng/ml and 9.1 ng/ml (p=0.45) in each group. Mean BMI was 24.3 kg/m<sup>2</sup>, 23.9 kg/m<sup>2</sup> and 24.9 kg/m<sup>2</sup> (p=0.43) and the mean prostate volume was 33.8 g, 39.2 g and 36.8 g (p=0.15) in each group. Mean operative time was 237.6 mi, 203 min and 168.5 min (p=0.23). Mean blood loss was 229.7 cc, 202.8 cc and 146.2 cc (p=0.03). Mean catheter duration was 8.7days, 6.4days and 5.9 day in each group. In group A, there were 2 patients with urine leakage, while group B and C were none. Recovery rate of continence was 34.8 % at 1 month, 34.8 % at 3 month, 31.8 % at six month in group A. Group B was 57.2%, 32.1% and 7.1% at each interval. Group C was 80% at 1 month and 20% at 3 month. Overall at 6 month, the recovery rate of continence was 90.6% in group A, 96.4% in group B, 100% in group C. The positive surgical margin rate was 31.2% in group A, 21.4% in group B, 30% in group C.

### Interpretation of results

In RARP, the posterior reconstruction and ultra-dissection techniques showed the decreased rate of urine leak and increased early recovery of continence.

### Concluding message

The techniques of posterior reconstruction and ultra-dissection techniques can do early recovery of continence, but within the ultra-dissection cases, the rate of positive surgical margin has increased. Therefore, efforts need to be directed to decrease the rate of positive surgical margin, while increasing the quality of life for the patients.

<b>Specify source of funding or grant</b>	<b>NO funding</b>
<b>Is this a clinical trial?</b>	<b>Yes</b>
<b>Is this study registered in a public clinical trials registry?</b>	<b>No</b>
<b>Is this a Randomised Controlled Trial (RCT)?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>Yes</b>
<b>Specify Name of Ethics Committee</b>	<b>IRB of Dong-A university hospital</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>Yes</b>
<b>Was informed consent obtained from the patients?</b>	<b>Yes</b>